PATENT APPLICATION FEE DETERMINATION RECORD

_		Effe	19/381 KIP4 & 17.									
L		CLAIMS	PART				E	ENTITY	OF		R THAN L ENTITY	
TOTAL CLAIMS			6	60				ATE	FEE	7	RATE	FEE
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		IC FE			BASIC FE	
TOTAL CHARGEABLE CLAIMS			61	minus 20-		. 49		9=	1	7	W2-10	77.00
INDEPENDENT CLAIMS			28	minus 3 =	. 52		 	12=	┼──			738
M	ULTIPLE DEPI	ENDENT CLAIM	PRESENT	RESENT					╂			2100
* If the difference in column 1 is			s less than	less than zero, enter "0" in column 2				40= 	 	JOR	<u> </u>	280
/ / CLAIMS AS AMENDED - PART II										. JOR		3888
S 1/05 (Column 1) (Column						nn 2) (Column 3)			ENTITY	OR	SMALL	R-THAN ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EA USLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE]	RATE	ADDI- TIONAL \FEE
NON	Total	.23	Minus .	-6		•	XS	9= -		OR	X\$18=	
AME	Independent	ENTATION OF A	Minus	144 Z	<u>X</u>	-	X4	2=		OR	X84=	$\overline{\chi}$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+14	0 =		OR	+280=	
1-16-07						T	TAL	<u> </u>		YOTAL	- \	
(Column 1) (Column 2) (Column 3)								FEE		J	ADDIT: FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž	Total	.27	Minus	- 6	/	• –	XS !)= .		OR	X\$18=	
N N	Independent FIRST PRESE	NTATION OF M	Minus'	PENDENT C	8		X42	_		OR	X84≖	\forall
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+280=	Λ
aluli							ADDIT	AL.		UB	TOTAL	/ \
_:	1111111	(Column 1)	•	(Column		(Column 3)		TE L	•	J A	DOIT. FEEL	
		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA	RATI	Į	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Į,	Total	· 24	Minus	61		- Ø	X\$ 9	. 1		OR	X\$18=	PEE
-	Independent FIRST PRESE	NTATION OF MI	Minus	*** 7		-10	X42	+		-	X84a	\ /
+140m												$\overline{}$
If the entry in column 1 is less than the entry in column 2, write "o" in column 3.										+280= TOTAL	_/_	
-4	A MARKET MAY	nber Previously Pa ber Previously Pak	M For IN THE	R ROACE in in	ria Onna	2	ADDIT, FI	ÆL		OR _{At}	DOTT. FEE	
· ·	70-875 (Pay 12)									CONT.		